

Registration No: L42773
Registration Name: Jarin, Kenneth M.
Acronym:
Phone#: 215-864-8135 Ext.
Fax#:
Registration Status: Expired
Lobbying Commenced: 02/20/2015
Date Filed: 03/06/2015
Last Renewed: 11/27/2018
Email: jarink@ballardspahr.com
Authorized Representative's Name: Robert J. Clark
Authorized Representative's Email: clarkr@ballardspahr.com
Registration Period: 2017-2018

Address: 1735 Market Street
 51st Floor
City: Philadelphia **State:** PA **Zip:** 19103
Are you a licensed attorney? Yes
Are you licensed in PA? Yes

Photograph(s):



Principal(s):

Name	RegistrationNum	Affiliated Start Date	Affiliated End Date
Liberty Healthcare Corporation	P10754	2/20/2015 12:00:00 AM	2/20/2016 12:00:00 AM
AmeriHealth Caritas Pennsylvania and Keystone First	P00697	2/20/2015 12:00:00 AM	
HNTB Corporation	P21887	2/20/2015 12:00:00 AM	2/20/2016 12:00:00 AM
Accenture LLP	P18003	2/20/2015 12:00:00 AM	
SAP Public Services, Inc.	P05583	2/20/2015 12:00:00 AM	
Conduent, Inc. and its Affiliates	P00686	2/20/2015 12:00:00 AM	
INDEPENDENCE BLUE CROSS	P01099	11/27/2018 12:00:00 AM	

Lobbying Firm(s):

Name	RegistrationNum	Affiliated Start Date	Affiliated End Date
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Political Action Committee(s):

Name	Acronym	Affiliated Start Date	Affiliated End Date
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Candidate Political Committee(s):

Name	Acronym	Affiliated Start Date	Affiliated End Date
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FILER AFFIRMATION:

By signing my name below, I acknowledge that I have actual knowledge of the contents of this form except to the extent noted on the "Lobbyist or Lobbying Firm Statement of Limited Knowledge," if any, and that I have received, read and understand the requirements of Act 134 of 2006 relating to lobbying disclosure. I also consent to receive service of notices, other official mailings or process at the address, email or facsimile listed on this form. To the best of my knowledge at all times relevant to the above reporting period, I have been in compliance with 65 Pa. C.S § 1307-A(d) (relating to conflicts of interest). I affirm that the information set forth above and in all attachments is true, correct and complete to the best of my knowledge, information and belief, and that affirmation is being made subject to 18 Pa.C.S. § 4904(unsworn falsification to authorities).

First Name: Kenneth **MI:** M.

Last Name: Jarin **Suffix:**

Title: Partner

Business name of Preparer:

Phone Number:

Email Address:

Date: 11/27/2018